DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/12/2011 FORM APPROVED OMB NO. 0938-0391

| NAME OF PROVIDER OR SUPPLIER WEST RIVER HEALTH CAMPUS STREET ADDRESS, CITY, STATE, ZIP CODE 714 S EICKNOPE RD EACH DEFINICATION OF DEPOLICIENCES 1AG (F 000) INITIAL COMMENTS This visit was for the Post Survey Revisit (PSR) to the PSR completed on November 16, 2011 to the Investigation of Complaint IN00096308 competed on Complaint N00096308 Corrected. Survey date: December 8, 2011 Facility number: 012448 Provider number: 185785 AIM number: N/A Survey team: Anne Marie Crays RN Census bed type: SNF: 34 Residential: 56 Total: 90 Census payor type: Medicare: 23 Other: 67 Total: 90 Sample: 3 West River Health Campus was found to be in complained with 42 CFR Part 483 Subpart B and 410 IAC 16.2 in regard to the PSR to the PSR to Complaint IN00096308. Quality review completed 12/9/11 Cathy Emswiller RN AMADEMATORY DIRECTORS OR PROVIDEDSUPPLER REPRESENTATIVE'S SIGNATURE TITLE STREET ADDRESS, CITY, STATE, ZIP CODE 714 S EICKNOPE RD PROVIDER STANA OF CORRECTION PROVIDER STANA OF COR | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|--|--|--|--|---------|---|-------------|--------|----------------------------|--|
| President Pres | | | 155785 | B. WING | | | | | |
| PRETIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION) (F 000) INITIAL COMMENTS This visit was for the Post Survey Revisit (PSR) to the PSR completed on November 16, 2011 to the Investigation of Complaint IN00096308 completed on October 6, 2011. Complaint IN00096308 Corrected. Survey date: December 8, 2011 Facility number: 012448 Provider number: NIA Survey team: Anne Marie Crays RN Census bed type: SNF: 34 Residential: 56 Total: 90 Cansus payor type: Medicare: 23 Other: 67 Total: 90 Sample: 3 West River Health Campus was found to be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2 in regard to the PSR to Complaint IN00096308. Quality review completed 12/9/11 Cathy Emswiller RN | | | | | 714 | EICKHOFF RD | | | |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE | | to the PSR complete the Investigation of 0 completed on Octob Complaint IN000963 Survey date: Decen Facility number: 012 Provider number: 15 AIM number: N/A Survey team: Anne Census bed type: SNF: 34 Residential: 56 Total: 90 Census payor type: Medicare: 23 Other: 67 Total: 90 Sample: 3 West River Health Compliance with 42 410 IAC 16.2 in regal Complaint IN000963 Quality review complete Quality review complete Complete the Investigation of the Investigation | ed on November 16, 2011 to Complaint IN00096308 er 6, 2011. 308 Corrected. Somber 8, 2011 S | | | | | | |
| | ADODATODY | DIDECTORIO OR PROMINE | N/CHINDLIED DEDDESCRITATIVES CONVEYED | | | TITLE | | (V6) DATE | |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.